

Application for Birth Record of a Deceased Person

REBECCA R. KRAEMER

Edgar County Clerk and Recorder – 115 W. Court Street – Room “J”

Paris, Illinois 61944-1785

Phone: 217-466-7433 Fax: 217-466-7430

Birth Information

Name at Birth (First, Middle, Last)

Place of Birth (Hospital, City or Town, County)

Date of Birth (Month, Day, Year)

Sex

Birth Number (if known)

Father's Name (First, Middle, Last)

Mother's Name (First, Middle, Last)

Mother's Maiden Surname

MUST PROVIDE PROOF OF DEATH (e.g., death certificate, obituary or newspaper article)

Death Information

Applicant Information

Legal Name at Death (First, Middle, Last)

Name (First, Middle, Last)

For Female Decedents, Maiden Surname

Street Address

Date of Death (Month, Day, Year)

City, State, ZIP

Place of Death (City, State)

Social Security Number

Relationship to Decedent

Driver's License Number/State of Issue

I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

Work Telephone () _____

Signature _____

Date _____

Home Telephone () _____